

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Houser for Supervisor Committee

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Joan Dyal
SIGNATURE OF PERSON FILING REPORT

319-362-1222
TELEPHONE

10-15-08
DATE SIGNED

I AM FILING A Oct 14, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date)

Indicate by # ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

5391.86

8430.00

13821.86

3933.06

9888.80

9909.54

YES NO

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Re-use Form

SCHEDULE A (Rev. 07/03)		MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization)
Houser for Supervisor Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
7-28-08	ID# CK# 3815	Richard Harger Dorothy Harger PO Box 108 Ely IA 52227		\$ 25.00	<input type="checkbox"/>
8-8-08	ID# CK# 3346	Alvin Sattler 2200 Heritage Blvd Hiawatha IA 52233		50.00	<input type="checkbox"/>
8-20-08	ID# CK# 1621	Linn Phoenix Club IA Pac # 9645		3,000	<input type="checkbox"/>
9-9-08	ID# CK# 2041	Russ Gunderson 434 Wild Flower Dr Fairfax IA 52228		50.00	<input type="checkbox"/>
9-10-08	ID# CK# 5134	CR Building trades Council 5000 J St SW Cedar Rapids IA 52404		1,000	<input type="checkbox"/>
8-29-08	ID# CK# 6610	Robert Clark Connie Clark 108 Rockvale Ln NW CR IA 52405		100.00	<input type="checkbox"/>
9-20-08	ID# CK# 8700	Fred Schuchmann Lois Schuchmann 3716 River Ridge Dr NE CR IA 52402		50.00	<input type="checkbox"/>
9-20-08	ID# CK# 5801	A James Tinker Jean L Tinker 2304 Hill Crest Dr SE CR IA 52403		50.00	<input type="checkbox"/>
9-21-08	ID# CK# 5842	Scott Olson 6467 Quail Ridge Dr SW CR IA 52404		50.00	<input type="checkbox"/>
9-21-08	ID# CK# 3674	David S Good Kathleen E Good 2102 Linmar Dr NE CR IA 52402		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 4,400	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Houser for Supervisor Committee

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9-22-08	ID# CK# 1892	Darrel or Janet Berry 21265 258th St Delhi IA 52223		\$ 100.00	<input type="checkbox"/>
9-22-08	ID# CK# 6488	Harlen or Kay Graber 1236 Skyline Dr SE CR IA 52403		20.00	<input type="checkbox"/>
9-22-08	ID# CK# 5058	Gilbert W Boxa Jr Mary L Boxa 607 Hillview Dr Fairfax IA 52228		25.00	<input type="checkbox"/>
9-23-08	ID# CK# 1148	Lillian M Houser Judy L Cooper 7-25th Ave SW CR IA 52404	mom	100.00	<input type="checkbox"/>
9-23-08	ID# CK# 9205	Waldo or Charlotte Morris Nancy L Mowry 4512 Lakeside Rd Marion IA 52302		200.00	<input type="checkbox"/>
9-23-08	ID# CK# 10235	Sailey Williams 5305 Walford Rd Fairfax IA 52228		25.00	<input type="checkbox"/>
9-23-08	ID# CK# 859	Joyce J Nielsen 2702 Q Ave NW CR IA 52405		30.00	<input type="checkbox"/>
9-24-08	ID# CK# 3171	Linn Area Biz Pac 424 -1st Ave NE CR IA 52401		250.00	<input type="checkbox"/>
9-24-08	ID# CK# 5016	Donald P Hattery Mary O Hattery 100 Rosedale Rd SE CR IA 52403		25.00	<input type="checkbox"/>
9-25-08	ID# CK# 3225	Tyler G Olson Sarah Olson 395 Memorial Dr SE CR IA 52403		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 800.00	
TOTAL (If last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Houser for Supervisor Committee

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9-25-08	ID# CK# 1928	Leta M Wall 156 Cherry Hill Rd NW CR IA 52405		\$ 20.00	<input type="checkbox"/>
9-26-08	ID# CK# 1109	Jackson Selk Elizabeth Selk 6100 E Cemetery Rd SW CR IA 52404		50.00	<input type="checkbox"/>
9-26-08	ID# CK# 15058	Eliot A Keller 1244 Devon Dr NE Iowa City IA 52240		25.00	<input type="checkbox"/>
9-27-08	ID# CK# 5148	Alexander Smith 605 Dows Rd NE CR IA 52403		50.00	<input type="checkbox"/>
9-29-08	ID# CK# 1943	John M Leland or Susan P Leland 3675 Windemere Way Marion IA 52302		20.00	<input type="checkbox"/>
9-28-08	ID# CK# 12879	Stephen B Jackson Kay L Jackson 144 Guilford SE CR IA 52403		100.00	<input type="checkbox"/>
9-29-08	ID# CK# cash	John Lindstrom 964-44th St SE CR IA 52403		20.00	<input type="checkbox"/>
9-30-08	ID# CK# 5321	David W Lodge Joanne Lodge 225 Rock Ridge Rd NW CR IA 52405		100.00	<input type="checkbox"/>
9-30-08	ID# CK# 1105	Joseph E Irons 222 Prospect Pl SW CR IA 52404		25.00	<input type="checkbox"/>
10-1-08	ID# CK# 5534	Todd Noreuil Kim Reppler-Noreuil 2503 wagon trail Rd CR IA 52403		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 435.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

**MONETARY
RECEIPTS**



CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Houser for Supervisor Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-1-08	ID# CK# 4104	James Dyer 615 Miller Ave SW CR IA 52404		\$ 100.00	<input type="checkbox"/>
10-1-08	ID# CK# 8106	James A or Mildred R Jessen 1522 Martin Creek Rd Marion IA 52302		50.00	<input type="checkbox"/>
10-3-08	ID# CK# 9121	John C Bloomhall Cynthia A Bloomhall 272 Haggis way Marion IA 52302		200.00	<input type="checkbox"/>
10-3-08	ID# CK# 2722	Ken A Davidson 77-22nd Ave SW CR IA 52404		50.00	<input type="checkbox"/>
10-5-08	ID# CK# 567	R Paul Penningroth Md 3500 Ellwinn Lane SE CR IA 52403		50.00	<input type="checkbox"/>
10-7-08	ID# CK# 1437	Laborers Political Leg Local 43 5000 J St SW CR IA 52404		100.00	<input type="checkbox"/>
10-8-08	ID# CK# 3054	Richard F Stalkfleet Judy A Stalkfleet 1659-24th St NW CR IA 52405		35.00	<input type="checkbox"/>
10-8-08	ID# CK# 6564	J Edward or Alberta J Besley 2550-5th Ave Marion IA 52302		10.00	<input type="checkbox"/>
10-9-08	ID# CK# 6976	Robert R Rush 900 2nd St SE Apt 605 CR IA 52401		100.00	<input type="checkbox"/>
10-9-08	ID# CK# 1305	Plumbers & Pipefitters Local 125 Political Educ Fund 1839 16th Ave SW CR IA 52404		2,000	<input type="checkbox"/>

SUB-TOTAL

\$2,695.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Houser for Supervisor Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-14-08	ID# CK# 4497	F. James Bradley 2007 1st Ave SE CR IA 52402		\$ 100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 100.00

TOTAL (if last page of this schedule)

\$ 8430.00

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(for Schedule A)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURESCHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Houser for Supervisor Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-26-08	ID# CK# 236	Sams Club CR IA	Candy for Parade	\$ 33.84
8-2-08	ID# CK# 237	Sams Club CR IA	Candy for Parade	35.96
8-7-08	ID# CK# 238	Adcraft Printing 309 5th Ave SE CR IA 52406	cowboy cards	443.08
8-15-08	ID# CK# 239	Sams Club CR IA	candy for Parade	35.96
8-19-08	ID# CK# 240	Barnyard Screen 106 S Jackson St Printer Iisbon IA 52253	T-Shirts	129.32
8-28-08	ID# CK# 241	Jefferson High Sch 1243 20th St SW CR IA 52404	program inserts	250.00
9-15-08	ID# CK# 242	Adcraft Printing 309 5th Ave SE CR IA 52406	note pads letter head envelopes	484.42
9-19-08	ID# CK# 243	James Houser Rockvalley Rd CR IA 52404	yard signs, emory boards, stamps	1,017.33
SUB-TOTAL				\$ 2429.91
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURESCHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Houser for Supervisor Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-22-08	ID# CK# 244	Linn County Treas 930 1st St. SW CR IA 52404	voter lists	\$ 21.00
10-4-08	ID# CK# 245	main Post Off cedar Rapids IA 52401	stamps	42.00
10-9-08	ID# CK# 246	KMRY Radio 1957 Blairs ferry Rd NE CR IA 52402	Radio Ads	1,137.00
10-12-08	ID# CK# 247	Adcraft Printing 309-5th Ave SE CR IA 52406	cowboy cards	301.04
10-12-08	ID# CK# trans	metco Credit Union 115 8th Ave SW CR IA 52404	credit union transfer 1-1-08-3-1-08 into savings	2.11
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1503.15
TOTAL (if last page of this schedule)				\$ 3933.06

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

RESET**COMMITTEE NAME** (Must be same as on Statement of Organization)

Houser for Supervisor Committee

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAYED**☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 9909.54**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$

From Schedule E - TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 9909.54

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(for Schedule F)